

Letter of Appeal
 Schools and Libraries Division
 100 South Jefferson Road
 PO Box 902
 Whippany, NJ 07981

CC: 02-6

LETTER OF APPEAL

Contact: Chad Arrington Telephone: 706-598-2291
 Vendor: ANSConnect FAX: 706-598-2611
 BEN: 127410 Email: carrington@glascock.k12.ga.us
 Address: 738 Railroad Avenue
 City, State, zip: Gibson, GA 30810

This letter is an appeal for the following School System:

- Appellant name: Glascock County Schools
- Applicant or service provider name: ANSConnect
- SPIN #: 143026097
- BEN# (Glascock County Schools) 127410
- Form 471 and FRN 471#: 534323 FRN#: 1477594
- Invoice # as assigned by the SLD 873352
- "Administrator's Decision on Invoice Deadline Extension Request" dated 06/30/2008
-

Received & Inspected

AUG 19 2008

FCC Mail Room

Administrator's Decision: "Denied in Full- Request received after the FCC deadline for Implementation Deadline Extension requests which was 9/30/07."

- **The exact text or the decision that we are appealing:**
 1. "Explanation: Request received after the FCC deadline for Implementation Deadline Extension request which was 09/30/2007.
 2. In accordance with the FCC Report and Order (FCC 01-195) released on June 29, 2001, the Administrator may grant an extension of time for the implementation of non-recurring services if the implementation is delayed for circumstances beyond the named service provider's control. You have been unable to establish such circumstances."

REQUESTING APPEAL ON THIS DECISION:

1. I filed a Form 500 extension on May 1, 2007 (see attached) asking for an extension on this project and I assumed this Form 500 would give us the service extension as well, however the project extension was denied because the Service Extension form was not filed prior to the deadline. This clearly should fall in the clerical error category, as by it's very title, the Form 500 is a "Modification to Receipt of Service Confirmation Form" and it clearly sounds like it extends the entire project. We clearly made an attempt prior to our deadline to have the project extended via the Form 500 that was filed prior to the deadline.

No. of Copies rec'd 0+1
 List A B C D E

2. Our vendor was unable to complete the installation within the deadline dates due to permits and leases that were required from Bellsouth and the Ga Dept of Transportation which legally had to be in place prior to our vendor beginning their installation.

This was a Fiber Optic WAN installation, and these lease agreements are required by law to be approved BEFORE the vendor can have access to the road right of ways and the power poles. No Fiber could be installed until the lease agreements were in place. Our vendor was delayed in starting the project due to delays from Bell South and Ga DOT in getting the leasing agreements in place. The delays, (which were beyond our vendor's control) prevented our vendor from completing the project within the deadline requirements.

Every attempt was made on our vendor's part to complete the project within the timeframe, but it was delayed due to circumstances beyond our vendor's control. Glascock County filed the form 500 within the timeframe for an extension, but our failure to also file another service extension form as well, should not deny our project funding.

Please reconsider our request for this extension so our project can receive the funding we originally received.

Thank you,

Chad Arrington

Glascock County Schools



Universal Service for Schools and Libraries

Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours
(To be completed by Schools and Libraries or Consortia.)

Form 500 Number
(unique identifying number assigned by applicant)

Block 1: Applicant Information

1. Name of Billed Entity Applicant (required) Glascocock County School Dist		2. Billed Entity Number (required) 127410	3. Funding Year (required) 2006
4. Complete Mailing Address of Billed Entity Applicant (required)			
Street Address, P. O. Box or Route Number 738 Rail Road Ave		City Gibson	State GA
		Zip Code 30810	
10-Digit Phone Number 706-598-2291	Fax Telephone Number	E-Mail Address carrington@glascocock.k12.ga.us	
5. Contact Person Information			
Contact Person Name (required) Chad Arrington			
Mailing Address (required if different from Item 4)			
Street Address, P. O. Box or Route Number		City	State
		Zip Code	
10-Digit Phone Number 706-598-2291	Fax Telephone Number 706-598-2611	E-Mail Address carrington@glascocock.k12.ga.us	

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, wishes to reduce its funding commitment amount on the funding request number level, or has modified the beginning or ending date for services received during the funding year.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator)

Billed Entity Name Glascocock County School Dist Contact Name Chad Arrington
 Billed Entity Number 127410 Contact Telephone Number 706-598-2291

Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.

New Start Date: If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

Contract Expiration Date: If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

Cancel: If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

Reduce: If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required): **534323**

(B) Funding Request Number (required): **1477594**

(C) Billing Account Number (required, if contained in your FCDL): **7065982121**

(D) Service Provider Name (required): **ANS Connect Inc**

(E) Service Provider SPIN (required): **143026097**

ADJUSTMENT TO FRN LISTED ABOVE:

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input checked="" type="checkbox"/> Change Date	6/30/2007	9/30/2007
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input type="checkbox"/> Please Reduce		

Do Not Write In This Area

Billed Entity Name Glascok County School Dist

Contact Name Chad Arrington

Billed Entity Number 127410

Contact Telephone Number 706-598-2291

Block 3: Certification

7. I certify that I am authorized to submit this Form on behalf of the above-named billed entity applicant, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
8. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services.
9. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

10. Signature (original ink signature required)

Chad Arrington

11. Date (required)

5/1/07

12. Printed name of authorized person (required)

Chad Arrington

13. Title or position of authorized person (required)

Technology Director

14. Telephone number of authorized person (required)

706-598-2291

15. E-Mail address of authorized person (required, if available)

carrington@glascok.k12.ga.us

16. Address of authorized person (required)

738 Rail Road Ave Gibson GA 30810

A paper copy of this form, with an original signature in Block 3, Item 10 should be mailed to:

**SLD-Form 500
P. O. Box 7026
Lawrence, Kansas 66044-7026**

**If sent by express delivery services or U.S. Postal Service, Return Receipt Requested,
the form should be mailed to:**

**SLD-Form 500
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100**